



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

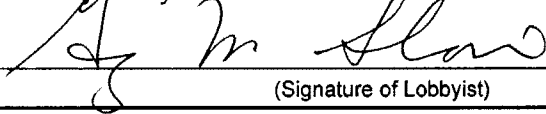
<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Central Pacific HomeLoans		372-8358
MAILING ADDRESS (Street)		FAX
201 Merchant Street		356-4001
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Gayle P. Ishima		808-372-8358
MAILING ADDRESS (Street)		FAX
201 Merchant Street, Suite 1700		808-356-4001
(City)	(State)	(Zip Code)
Honolulu,	HI	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/24/07

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Gayle P. Ishima

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

EVP - COO

NAME OF ORGANIZATION (if applicable)

Central Pacific HomeLoans, Inc.

TELEPHONE

808.356.4000

MAILING ADDRESS (Street)

201 Merchant Street, Suite 1700

FAX

808.356.4001

(City)

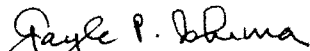
Honolulu, HI

(State)

96813

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-16-07

(Date)